Mission. The staff under National Rural Health Mission is appointed only on contractual basis. As on 31st August 2008, a total of 249 AYUSH doctors have been appointed on contractual basis in the State of Assam.

(b) Under NRHM funds are released to all States/UTs including the State of Assam for NRHM additionalities including upgradation of PHCs. The number of PHC to be upgraded depends on the priority of the State Governments as reflected in their annual Programme Implementation Plan which is examined and approved by National Programme Coordination Committee (NPCC) under NRHM.

The regular staff is appointed by the State Government. However, to tide over the problem of shortfall, the staff including doctors, specialists and paramedics is being appointed under contract basis from the funds being released under NRHM by the Central Government. As on 31st August, 2008, 26225 ASHAs have been selected, 5029 SCs are functional with one ANM and 1694 SCs are functioning with second ANM. No PHC is functioning without doctor and 149 PHCs are functioning with 3 staff nurses. Apart from the regular specialists, 117 Specialists and 2230 Staff Nurses have been appointed on contract basis under NRHM for CHCs.

(c) A Task Group constituted under the National Rural Health Mission under the Chairmanship of Director General of Health Services has recommended the following measures to ensure the services of doctors in rural areas which have been issued to all States/UTs including Assam :

- Increase in the age of retirement of doctors to 65 years preferably with posting near hometown;
- Decentralization of recruitment at district level;
- Walk-in-interview and contractual appointment of doctors;
- Enhancing the salary for posting in rural areas by one-third;
- Increasing the admission capacity in medical colleges for Anesthesia;
- Reviving the Diploma Course in Anesthesia;
- To start one year Certificate Course in Anesthesia for Medical Officers working in the system at present to be given by National Board of Examination;
- Recognition of five hundred bedded Hospitals to provide the facility for conducting the above course;
- Hiring of private practitioners on case-to-case basis.

(d) to (f) The regular staff is appointed by the State Government.

Diseases due to contaminated water

1320. SHRI RAJEEV CHANDRASEKHAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of deaths caused due to contaminated water and poor sanitation and hygiene conditions in the country during the last three years ending 31.03.2008;

(b) the targets fixed in the Millennium Development Goals for safe drinking water and sanitation, and the extent to which such targets have been achieved so far, and

(c) the steps proposed by Government to address the problems of unsafe water, inadequate sanitation and poor hygiene?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Consumption of contaminated drinking water and lack of adequate sanitation facilities increase the risk of diseases like diarrhea, cholera, typhoid (enteric fever), hepatitis, worm infestations etc. As per the Information furnished by Central Bureau of Health Intelligence (CBHI), the total number of deaths caused due to contaminated water and poor sanitation in the country during the years 2005-2007 are given below:

Year	Number of Deaths
2005	3290
2006	4531
2007	3850

(b) and (c) The United Nations General Assembly has adopted eight Millennium Development Goals (MDG) to reduce poverty and increase health and well-being of all people. The targets fixed in MDG for safe drinking water and sanitation is to halve, by 2015, the proportion of the population without sustainable access to safe drinking water and sanitation. The target, as worked out from MDG for sanitation coverage in rural areas is 55% coverage by the year 2015. The Millennium Development Goals Report, 2007 of Ministry of Statistics & Programme Implementation indicates that by the year 2006, the rural sanitation coverage is estimated to be 39.25%. The report also Indicates that as per data available on 01.04.2006, 91% of the habitations in the country have access to safe source of drinking water, about 2.8% are partially covered, less than 0.2% are yet to be covered and 6% habitations with problems of water quality to be tackled.

The Government of India supplements the efforts of the State Governments/Union Territories by providing funds under Accelerated Rural Water Supply Programme (ARWSP), Accelerated Urban Water Supply Programme, Total Sanitation Campaign, School Sanitation & Hygiene education and Low cost sanitation scheme for tackling quality related problems in respect of drinking water supply and sanitation facilities. The National Rural Health Mission (NRHM) is also focused on basic health care delivery systems through a synergistic approach focusing on sanitation, water, nutrition and health care.

Malaria cases in Goa

1321. SHRI SHANTARAM LAXMAN NAIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of increasing cases of malaria in the State of Goa;

(b) the number of cases reported in the last 6 months;

(c) whether the State Government has approached Government for assistance in this regard;

(d) whether any team of Central Government has visited Goa in recent times; and

(e) if so, the details of the finding of the team?